

REQUEST AND AUTHORITY FOR LEAVE

This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10.
The proponent agency is ODCSPER. (See instructions on reverse.)

1. CONTROL NUMBER

PART I

2. NAME (Last, First, Middle Initial)		3. SSN		4. RANK		5. DATE	
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER				8. ORGN, STATION, AND PHONE NO.	
9. NUMBER DAYS LEAVE						10. DATES	
a. ACCRUED		b. REQUESTED		c. ADVANCED		d. EXCESS	
a. FROM		b. TO					
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL				13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
14. DEPARTURE							
a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION							
a. NUMBER DAYS		b. DATE APPROVED		c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN							
a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS							

Chargeable leave is from _____ to _____

PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL

18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for emergency space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.

19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:

For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC):

Should you require other assistance call PAP:

20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOE (return only)		23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION							
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25							

DEPENDENT INFORMATION

a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP		c. DATES OF BIRTH (Children)		d. PASSPORT NUMBER	

PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION

26. DESIGNATION AND LOCATION OF HEADQUARTERS				27. ACCOUNTING CITATION			
28. DATE ISSUED		29. TRAVEL ORDER NUMBER		30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			